

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: DE**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: DE**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,966,687

A.Preventive and primary care for children:

\$ 590,006 ( 30%)

B.Children with special health care needs:

\$ 624,900 ( 31.77%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 149,677 ( 7.61%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 568,010

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 9,922,543

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 784,800

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 5,679,728

\$ 10,707,343

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 13,242,040

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,466

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

ECCS \$ 105,000

EHDI \$ 125,000

PRAMS \$ 95,000

Title X \$ 1,090,610

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 1,510,076

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 14,752,116

## FORM NOTES FOR FORM 2

None

### FIELD LEVEL NOTES

1. **Section Number:** Form2\_Main

**Field Name:** StateMCHFunds

**Row Name:** State MCH Funds

**Column Name:**

**Year:** 2010

**Field Note:**

State MCH Funds include 72 FTEs (\$5,122,543) and funds for Infant Mortality Elimination (\$4,800,000).

2. **Section Number:** Form2\_Main

**Field Name:** ProgramIncome

**Row Name:** Program Income

**Column Name:**

**Year:** 2010

**Field Note:**

Estimated Newborn Screening Revenue. The total program income for Newborn Screening is estimated to be \$1,200,000. For purposes of determining the amount included in the Federal-State MCH partnership, the amount estimated to be directly controlled by the Newborn Screening Program is reported here. The balance of the program income is allocated to the Public Health Lab.

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: DE**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 2,088,067	\$ 1,850,035	\$ 2,088,067	\$ 1,981,459	\$ 1,981,459	\$ 1,981,459
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 320,000	\$ 320,000	\$ 228,053	\$ 228,053	\$ 403,058	\$ 403,058
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 8,795,104	\$ 8,795,104	\$ 9,212,690	\$ 9,212,690	\$ 9,718,619	\$ 9,718,619
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 11,558,171	\$ 11,320,139	\$ 11,883,810	\$ 11,777,202	\$ 12,458,136	\$ 12,458,136
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 50,000	\$ 50,000	\$ 100,000	\$ 100,000	\$ 0	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 11,608,171	\$ 11,370,139	\$ 11,983,810	\$ 11,877,202	\$ 12,458,136	\$ 12,458,136
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506(a)(1-3)]

**STATE: DE**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> (Line1, Form 2)	\$ 1,981,651	\$ 1,843,162	\$ 1,962,811	\$	\$ 1,966,687	\$
<b>2. Unobligated Balance</b> (Line2, Form 2)	\$ 400,178	\$ 400,178	\$ 485,507	\$	\$ 568,010	\$
<b>3. State Funds</b> (Line3, Form 2)	\$ 9,414,588	\$ 9,414,588	\$ 9,988,654	\$	\$ 9,922,543	\$
<b>4. Local MCH Funds</b> (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> (Line6, Form 2)	\$ 0	\$ 0	\$ 1,200,000	\$	\$ 784,800	\$
<b>7. Subtotal</b> (Line8, Form 2)	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 0	\$ 13,242,040	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> (Line10, Form 2)	\$ 1,916,247	\$ 1,916,247	\$ 1,644,687	\$	\$ 1,510,076	\$
<b>9. Total</b> (Line11, Form 2)	\$ 13,712,664	\$ 13,574,175	\$ 15,281,659	\$ 0	\$ 14,752,116	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: DE**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,467,451	\$ 2,467,451	\$ 2,536,338	\$ 2,429,730	\$ 3,072,573	\$ 3,072,573
b. Infants < 1 year old	\$ 355,000	\$ 355,000	\$ 355,000	\$ 355,000	\$ 810,152	\$ 810,152
c. Children 1 to 22 years old	\$ 5,235,782	\$ 5,235,782	\$ 5,418,541	\$ 5,418,541	\$ 4,405,349	\$ 4,405,349
d. Children with Special Healthcare Needs	\$ 2,647,451	\$ 2,647,451	\$ 2,651,626	\$ 2,651,626	\$ 2,346,380	\$ 2,346,380
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,784,523	\$ 1,784,523
f. Administration	\$ 852,487	\$ 614,455	\$ 922,305	\$ 922,305	\$ 39,160	\$ 39,159
g. SUBTOTAL	\$ 11,558,171	\$ 11,320,139	\$ 11,883,810	\$ 11,777,202	\$ 12,458,137	\$ 12,458,136
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 50,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECCS	\$ 0		\$ 100,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 50,000		\$ 100,000		\$ 0	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: DE**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 4,023,471	\$ 3,887,308	\$ 4,103,603		\$ 4,199,811	
b. Infants < 1 year old	\$ 1,360,800	\$ 1,494,637	\$ 5,303,603		\$ 4,984,610	
c. Children 1 to 22 years old	\$ 4,329,345	\$ 4,193,182	\$ 1,874,207		\$ 1,805,491	
d. Children with Special Healthcare Needs	\$ 1,945,080	\$ 1,945,080	\$ 2,140,159		\$ 2,086,058	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 137,721	\$ 137,721	\$ 215,400		\$ 166,070	
g. SUBTOTAL	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 0	\$ 13,242,040	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,466	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 105,769		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECCS	\$ 0		\$ 140,000		\$ 105,000	
EHDI	\$ 0		\$ 0		\$ 125,000	
PRAMS	\$ 0		\$ 80,000		\$ 95,000	
Title X	\$ 0		\$ 1,090,610		\$ 1,090,610	
Newborn Hearing	\$ 0		\$ 120,833		\$ 0	
TBI	\$ 0		\$ 118,600		\$ 0	
Title X Fam Plan	\$ 1,715,834		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 1,916,247		\$ 1,644,687		\$ 1,510,076	



<b>FORM NOTES FOR FORM 4</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: DE**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,548,783	\$ 4,548,783	\$ 4,479,614	\$ 4,373,006	\$ 5,464,809	\$ 5,464,809
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,180,893	\$ 3,180,893	\$ 3,208,628	\$ 3,208,628	\$ 2,576,920	\$ 2,576,920
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,597,394	\$ 1,597,394	\$ 1,709,034	\$ 1,709,034	\$ 2,166,340	\$ 2,166,340
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,231,101	\$ 1,993,069	\$ 2,486,534	\$ 2,486,534	\$ 2,250,067	\$ 2,250,067
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 11,558,171	\$ 11,320,139	\$ 11,883,810	\$ 11,777,202	\$ 12,458,136	\$ 12,458,136

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: DE**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 3,295,304	\$ 3,156,815	\$ 3,430,620	\$	\$ 3,529,324	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,217,870	\$ 3,217,870	\$ 3,357,733	\$	\$ 3,435,200	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,539,250	\$ 2,539,250	\$ 3,901,661	\$	\$ 3,372,775	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,743,993	\$ 2,743,993	\$ 2,946,958	\$	\$ 2,904,741	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 0	\$ 13,242,040	\$ 0

<b>FORM NOTES FOR FORM 5</b>
None
<b>FIELD LEVEL NOTES</b>
None

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: DE						
Total Births by Occurrence: 12,627				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	12,625	100	35	2	2	100
Congenital Hypothyroidism	12,625	100	72	5	5	100
Galactosemia	12,625	100	31	0	0	
Sickle Cell Disease	12,625	100	18	7	7	100
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

<b>FORM NOTES FOR FORM 6</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: DE**

**Reporting Year: 2008**

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,787	51.4		11.1		
Infants < 1 year old	13,000	50.0				
Children 1 to 22 years old	2,207	50.0				
Children with Special Healthcare Needs	3,074	50.0				
Others	14,839	31.9				
<b>TOTAL</b>	<b>36,907</b>					

## FORM NOTES FOR FORM 7

There is a substantial increase in the number of "Others" served between 2007 and 2008. This increase is because 2008 was the first full year of operation for preconception care services. 2007 was only a partial year as the program was being implemented during that time period.

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
2,449 women served in State Fiscal Year 2008 by Family Practice Team Model Programs. 1335 women served in Smart Start in Calendar Year 2008.
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
51.4% of FPTM Clients were Medicaid Eligible.
3. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
Based on percent of FTPM clients with private insurance in State Fiscal Year 2008.
4. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Need final information.
5. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
2207 children served in Kids KARE in Calendar Year 2008.
6. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Total children 0-3 served in Child Development Watch, 2008.
7. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Total women served in preconception healthcare services, State Fiscal Year 2008.
8. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_XIX  
**Row Name:** Others  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Center for Family Health Research and Epidemiology



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: DE**

Reporting Year: 2006

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	11,868	8,252	3,022	40	479	9	0	66
Title V Served	11,868	8,252	3,022	40	479	9	0	66
Eligible for Title XIX	7,481	5,354	1,952	12	141	3	0	19
<b>INFANTS</b>								
Total Infants in State	12,010	8,187	3,075	56	405	4	283	0
Title V Served	12,010	8,187	3,075	56	405	4	283	0
Eligible for Title XIX	5,399	3,201	1,986	16	119	0	77	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	9,998	1,866	34	1,037	15	364	388	62
Title V Served	9,998	1,866	34	1,037	15	364	388	62
Eligible for Title XIX	3,835	1,519	0	844	12	296	316	51
<b>INFANTS</b>								
Total Infants in State	10,418	1,694	0	0	0	0	0	1,694
Title V Served	10,418	1,694	0	0	0	0	0	1,694
Eligible for Title XIX	4,020	1,379	0	0	0	0	0	1,379

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: DE**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 464-Help	(800) 464-Help	(800) 464-Help	(800) 464-HELP	(800) 464-HELP
2. State MCH Toll-Free "Hotline" Name	Helpline	Helpline	Helpline	Helpline	Helpline
3. Name of Contact Person for State MCH "Hotline"	Anna Maloney	Ann Lewandowski	Ann Lewandowski	Ann Slater	Kathy Logan
4. Contact Person's Telephone Number	302-255-1827	302-255-1829	302-255-1829	302-255-1829	302-577-5714
5. Contact Person's Email	Anna.Maloney@state.de.				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	2,119	1,825	2,096

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: DE**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Main  
**Field Name:** calls\_2  
**Row Name:** Number of calls received On the State MCH Hotline This reporting period  
**Column Name:** FY  
**Year:** 2008  
**Field Note:**  
Estimate

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: DE**

1. State MCH Administration:  
(max 2500 characters)

The Delaware Department of Health and Social Services, Division of Public Health is the state agency responsible for administration of the Title V Maternal & Child Health (MCH) Block Grant Program. The Delaware MCH efforts include the public health clinic-based programs (Smart Start, Kids KARE, Child Development Watch, and Oral Health) and initiatives under the Infant Mortality Elimination Program (Family Practice Team Model, Preconception Health Care, Fetal Infant Mortality Review and the Pregnancy Risk Assessment and Monitoring Surveillance (PRAMS) Survey. Core programs within the Delaware MCH Bureau include newborn Metabolic Screening, Newborn Hearing Screening, the Early Childhood Comprehensive Systems initiative and the State Systems Development Initiative.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,966,687
3. Unobligated balance (Line 2, Form 2)	\$ 568,010
4. State Funds (Line 3, Form 2)	\$ 9,922,543
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 784,800
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 13,242,040</b>

9. Most significant providers receiving MCH funds:

Smart Start
Kids Kare
Child Development Watch
Family Practice Team Model/Preconception Health

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	3,787
b. Infants < 1 year old	13,000
c. Children 1 to 22 years old	2,207
d. CSHCN	3,074
e. Others	14,839

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Smart Start is a prenatal program for at-risk women. Smart Start educated women about parenting, nutrition, health care and the warning signs of complications in pregnancy. Kids KARE is a case management program for infants and children that offers home visiting from registered nurses, social workers and nutritionists. Child Development Watch is a case management program for Children with Special Health Care Needs. Child Development Watch offers screening, diagnosis and referral services for children 0-3 years of age. The Family Practice Team Model is a prenatal program that offers case management and wrap around services for pregnant women and follows participants and their children for two years after delivery. Delaware is currently fully integrating its preconception care program for reproductive age women with one or more risk factors into its Family Practice Team Model program. The program will be known as Healthy Women, Healthy Babies and will address the preconception, interconception, prenatal and post partum periods.

b. Population-Based Services:  
(max 2500 characters)

Newborn Metabolic Screening and Newborn Hearing Screening services are available for every infant born in Delaware. The Healthy Mothers and Infants Consortium's Public Awareness campaign provides messages to the general public about preconception health and its importance in achieving optimal birth outcomes. The Delaware Immunizations program provides immunizations to children and adults and the Family Planning program provides vaccine for the prevention of cervical cancer in women. The Division of Public Health also provides seasonal flu vaccinations as well a pandemic flu response. Other population-based services include lead prevention, assorted media campaigns, a healthy homes initiative, tobacco prevention and injury prevention.

c. Infrastructure Building Services:  
(max 2500 characters)

Delaware's MCH Program supports an assortment of infrastructure building services. The Early Childhood Comprehensive Services Initiative seeks to ensure that all children are ready for success in school. The State Systems Development Initiative supports program planning and development through the linkage of data sets for needs assessment, monitoring and evaluation purposes. Emergency Medical Services for Children seeks to ensure that pediatric issues are addressed in Delaware's EMS system and operates the Special Needs Alert Program for Children with Special Health Care Needs. Delaware's MCH programs also are active in supporting family organizations, particularly those dedicated to Children with Special Health Care Needs, in capacity building. The Delaware PRAMS survey is instrumental in identifying emerging risks for pregnant women. The MCH program also supports breastfeeding and child nutrition initiatives as part of its infrastructure building efforts.

12. The primary Title V Program contact person:

Name	Alisa M. Olshefsky, MPH
Title	Maternal & Child Health Director
Address	Jesse Cooper Building, 417 Federal Street

13. The children with special health care needs (CSHCN) contact person:

Name	Alisa M. Olshefsky, MPH
Title	Maternal & Child Health Director
Address	Jesse Cooper Building, 417 Federal Street

City	Dover
State	DE
Zip	19901
Phone	302-744-4901
Fax	302-739-3313
Email	alisa.olshefsky@state.de.us
Web	<a href="http://www.dhss.delaware.gov/dhss/dph/index.html">http://www.dhss.delaware.gov/dhss/dph/index.html</a>

City	Dover
State	DE
Zip	19901
Phone	302-744-4901
Fax	302-739-3313
Email	alisa.olshefsky@state.de.us
Web	<a href="http://www.dhss.delaware.gov/dhss/dph/index.html">http://www.dhss.delaware.gov/dhss/dph/index.html</a>

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: DE**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	99.3
<b>Numerator</b>	11,337	12,293	22	35	12,544
<b>Denominator</b>	11,337	12,293	22	35	12,627
<b>Data Source</b>					Newborn Screening Data
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><small>(Explain data in a year note. See Guidance, Appendix IX.)</small></p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data are for positive screens that receive appropriate follow-up clinical management. Prior year data are for all newborns receiving screening services (Delaware Newborn Screening Program).



**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	65	65	65
Annual Indicator	56.9	56.9	56.9	61.1	61.1
Numerator					
Denominator					
Data Source					National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	60	60	50
Annual Indicator	52.8	52.8	52.8	48.1	48.1
Numerator					
Denominator					
Data Source					National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	67	67	70	70	65
Annual Indicator	66.7	66.7	66.7	63.2	63.2
Numerator					
Denominator					
Data Source					National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	75	75	80	80	90
<b>Annual Indicator</b>	72	72	72	88.1	88.1
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					National Survey of CSHCN, 2005-2006
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	90	90	92	92	92
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	20	25	45
Annual Indicator	5.8	5.8	5.8	42.4	42.4
Numerator					
Denominator					
Data Source					National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	45	45	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	80
Annual Indicator	83.5	82.6	76	78.9	80.3
Numerator					
Denominator					
Data Source					National Immunization Survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	82	82	83	83	84
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

National Immunization Survey, Selected Vaccination Series by 19-35 Months of Age, Delaware 4:3:1:3:3:1. Estimated Vaccination Coverage, 2007. Confidence interval for the estimate is +/- 5.7.

**2. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

National Immunization Survey, Selected Vaccination Series by 24 Months of Age, Delaware 4:3:1:3:3. Estimated Vaccination Coverage (March 2006-February 2007). Confidence interval for the estimate is +/- 6.1%.

**3. Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 National Immunization Survey, Selected Vaccination Series by 24 Months of Age, Delaware 4:3:1:3:3. Data released February 2008 (Corrected).

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	29	28	27	26	20
Annual Indicator	24.6	22.2	22.0	22.0	22.0
Numerator	412	381	386	386	386
Denominator	16,740	17,170	17,572	17,572	17,572

Data Source

Delaware Vital  
Statistics, 2006

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available at this time.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	35	35	35	40	35
Annual Indicator	21.4	34	34	34	34
Numerator	286				
Denominator	1,338				

Data Source

Delaware Dental Survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	35	37	37	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2007 indicator is based on a 2002 statewide survey of third grade children. More recent estimates are not available at this time.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 indicator is based on a 2002 statewide survey of third grade children. More recent estimates are not available at this time.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 indicator is based on a 2002 statewide survey of third grade children. Prior year indicators were obtained from CHCIS &amp; Medicaid and only represent a select subset of the population. The statewide survey is scheduled to be repeated in 2007. The 2010 annual performance objective has been revised to reflect the HP2010 objective of 50%.

In the 2006-2007 School Year, the DPH Dental Program reported placing 1400 sealants.



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.2	2.5	2.5	2.5	1.7
Annual Indicator	2.2	1.8	1.8	1.8	1.8
Numerator	11	9	9	9	9
Denominator	499,038	500,732	500,732	500,732	500,732
Data Source					Hospital Discharge Data, 2005
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	1.7	1.7	1.7	1.7	1.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

This indicator is provided through Hospital Discharge data. Data for 2008 Hospital Discharges is not available at this time.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

This indicator is provided through Hospital Discharge data. Data for 2006 and 2007 Hospital Discharges is not available at this time.

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data are not available. The reported rate for 2006 is provisional and based on the 2005 three year average rate.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			12	36	36
Annual Indicator		10.6	35.7	30.6	30.6
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	32	32	34	34	36
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2005 National Immunization Survey, CDC.
- Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2005 National Immunization Survey, CDC.
- Section Number:** Form11\_Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 data are not available. 2006 reported percentage is provisional and based on the 2004 National Immunization Survey, Geographic-specific Breastfeeding Rates for Children 6 months of age born in 2004.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	100	100	100	100
Annual Indicator	98.1	98.2	98.4	93.7	98.7
Numerator	11,889	12,098	12,147	11,864	12,468
Denominator	12,121	12,324	12,342	12,666	12,627
Data Source					Delaware Newborn Hearing Screening Program
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The Newborn Hearing Screening program is currently reviewing 2007 information to ensure all records have been entered accurately into the data system. The data reported for 2007, therefore, is provisional at this time.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Delaware Newborn Hearing program data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.2	8	8	12
Annual Indicator	8.5	12.6	12.3	12.3	10.5
Numerator	17,045	25,484	24,992	24,992	
Denominator	200,527	202,255	203,188	203,188	

**Data Source**

Kids Count Fact Book, 2009

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Center for Applied Demography and Survey Research (Three year average 2006-2008).

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Delawareans Without Health Insurance, University of Delaware, 2006.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Delawareans Without Health Insurance, University of Delaware, 2006.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			33	33	20
Annual Indicator		34.0	27.8	28.4	20.2
Numerator		2,141	2,712	2,814	2,075
Denominator		6,296	9,763	9,920	10,264

Data Source

Delaware WIC Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	20	18	18	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Delaware WIC program data.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			11	10.9	6.5
Annual Indicator		11.2	6.8	6.8	6.8
Numerator		1,272	814	814	814
Denominator		11,337	11,898	11,898	11,898

Data Source

Delaware Vital  
Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	6.6	6.4	6.4	6.4	6.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is not available at this time.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data are not available. 2006 reported rate is based on 2005 Delaware Vital Statistics, "Women who smoked during pregnancy."

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	5.5	5.5	5.4	5.4
Annual Indicator	8.4	5.8	13.5	13.5	13.5
Numerator	14	10	8	8	8
Denominator	166,957	170,943	59,228	59,228	59,228
Data Source					Delaware Vital Statistics
I cannot report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
I cannot report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	13	12.5	12	11.5	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data not available at this time.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data not available at this time.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Delaware Vital Statistics.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	80
Annual Indicator	79.7	79.7	79.3	79.3	79.3
Numerator	145	145	188	188	188
Denominator	182	182	237	237	237
Data Source					2006 Delaware Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	82	82	84
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	88	90	90	90	75
Annual Indicator	84.7	83.2	73.9	73.9	73.9
Numerator	9,615	9,450	8,796	8,796	8,796
Denominator	11,358	11,358	11,898	11,898	11,898

**Data Source**

Delaware Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	75	77	77	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data not available at this time.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data are not available. 2006 reported percentage is provisional and based on the 2005 data.

**STATE PERFORMANCE MEASURE # 11**

The rate of infant deaths between birth and 1 year of life.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator			8.3	8.3	8.3
Numerator			99	99	99
Denominator			11,898	11,898	11,898
Data Source					Delaware Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	7.8	7.8	7.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Vital Statistics

**STATE PERFORMANCE MEASURE # 12**

The rate of live births at 32 to 36 weeks of gestation(preterm birth).

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator			112.4	112.4	112.4
Numerator			1,337	1,337	1,337
Denominator			11,898	11,898	11,898
Data Source					Delaware Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	110	108	106	104	102
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form11\_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Vital Statistics

**STATE PERFORMANCE MEASURE # 13**

The rate of low birth weight and very low birth weight deliveries.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator			94.0	94.0	94.0
Numerator			1,119	1,119	1,119
Denominator			11,898	11,898	11,898
Data Source					Delaware Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	90	88	86	84
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form11\_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Vital Statistics

**STATE PERFORMANCE MEASURE # 14**

The percent of children and adolescents who are overweight or obese.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator				17	17
Numerator					
Denominator					
Data Source					Delaware YRBS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16	16	15	15	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #14

**Field Name:** SM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**  
2007 YRBS

2. **Section Number:** Form11\_State Performance Measure #14

**Field Name:** SM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**  
2007 YRBS

3. **Section Number:** Form11\_State Performance Measure #14

**Field Name:** SM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**  
Performance measure was added in the 2010 application. Latest available data are from the 2007 YRBS.

**STATE PERFORMANCE MEASURE # 15**

The percent of women of childbearing age (15-44) who are obese (BMI 30 or higher).

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator				27	27
Numerator					
Denominator					
Data Source					Delaware BRFSS
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	26	26	25	25	24
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Percent of women 25-34, 2007 YRBS

**2. Section Number:** Form11\_State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Percent of obese women 25-34, 2007 YRBS.

**3. Section Number:** Form11\_State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Performance measure was added in the 2010 application. Latest available data are from the 2007 BRFSS.

**STATE PERFORMANCE MEASURE # 16**

The mortality rate among children and youth (0-21 years) due to unintentional injuries.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator				16.1	16.1
Numerator					
Denominator					
Data Source					Hospital Discharge Data
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	10.5	10.5	10	10.5	10.5
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #16**Field Name:** SM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Five year rate, 200-2006

**2. Section Number:** Form11\_State Performance Measure #16**Field Name:** SM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Five year rate, 2002-2006

**STATE PERFORMANCE MEASURE # 17**

The percent of Delaware public high school students who currently smoke.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator			18.2	18.2	19.1
Numerator					
Denominator					
Data Source					Delaware YRBS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #17  
**Field Name:** SM17  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 2008 YRBS
- Section Number:** Form11\_State Performance Measure #17  
**Field Name:** SM17  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 2007 YRBS
- Section Number:** Form11\_State Performance Measure #17  
**Field Name:** SM17  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2007 YRBS



**STATE PERFORMANCE MEASURE # 18**

The percent of benchmark measures completed for implementation of a formal umbrella structure for organizations serving families with children with special health care needs in Delaware.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					20.0
Numerator					1
Denominator					5
Data Source					State Title V Program Data
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	80	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 19**

The percentage of children aged 4 months to 5 years with no or low risk for developmental, behavioral or social delays.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					74
Numerator					
Denominator					
Data Source					NSCH, 2007
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	76	76	78	78	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #19

**Field Name:** SM19

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2007 National Survey on Children's Health

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: DE**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7	6.9	6.9	6.9	6.9
Annual Indicator	8.5	9.0	8.3	8.3	
Numerator	97	104	99	99	
Denominator	11,358	11,603	11,898	11,898	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6.9	6.9	6.9	6.9	

**Annual Indicator**

**Numerator**

**Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available at this time.

2. **Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data are not available. 2006 reported rate is provisional based on 2005 data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.2	2.2	2.2	2.1
Annual Indicator	2.4	2.5	2.5	2.5	
Numerator	15.3	17.1	16.1	16.1	
Denominator	6.5	6.8	6.4	6.4	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.1	2.1	2.1	2.1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available at this time.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data are not available at this time. The 2006 ratio is provisional and based on the 2005 data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.1	5	5	5	5
Annual Indicator	6.6	6.6	6.1	6.1	
Numerator	75	75	72	72	
Denominator	11,337	11,337	11,898	11,898	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are not available at this time.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.3	2.3	2.3	2.2
Annual Indicator	2.5	2.8	2.3	2.3	
Numerator	135	32	27	27	
Denominator	54,879	11,337	11,898	11,898	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.2	2.2	2.2	2.2	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	8.4	8.3	8.3	8.2
Annual Indicator	8.4	8.4	8.0	8.0	
Numerator	463	463	95	95	
Denominator	54,879	54,879	11,898	11,898	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8.2	8.2	7.8	7.8	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data are not available at this time.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	21.7	21.4	21.2	21	21
Annual Indicator	21.4	21.4	12.8	12.8	
Numerator	164	164	20	20	
Denominator	766,872	766,872	155,841	155,874	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	21	21	12	12	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available at this time,



**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: DE**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 11

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: DE    FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1.    /2010/ Reduce infant mortality and eliminate the disparity in infant mortality for African American women. //2010//
2.    /2010/ Reduce births occurring between 32 and 36 weeks gestation. //2010//
3.    /2010/ Reduce low birth weight (<=2500 grams) and very low birth weight (<=1500 grams) deliveries. //2010//
4.    /2010/ Decrease obesity and overweight among children and youth between the ages of 6-19. //2010//
5.    /2010/ Decrease obesity among women of childbearing age, those between 15-44. //2010//
6.    /2010/ Decrease unintentional injuries among children and youth 0-21. //2010//
7.    /2010/ Decrease tobacco use among adolescents. //2010//
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: DE

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Our CSHCN program is in transition as we are seeking to build a family-centered system.	The state is seeking technical assistance to determine program structure or program models that can help improve operations. Lessons learned from other states would be particularly helpful as we aim to improve and re-build our program.	We are aware that Rhode Island and New Jersey have excellent programs.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: DE**

SP # 11

**PERFORMANCE MEASURE:**

The rate of infant deaths between birth and 1 year of life.

**STATUS:**

Active

**GOAL**

Reduce the Statewide infant mortality rate to 4.5 per 1,000 live births.

**DEFINITION**

The number of deaths of infants (one year of age or younger) per 1000 live births

**Numerator:**

The number of deaths to live born infants aged 0-364 days during the year.

**Denominator:**

Number of live births during the year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1c. Reduce fetal and infant deaths.

Infant death is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants (Healthy People 2010).

**DATA SOURCES AND DATA ISSUES**

Delaware Vital Statistics

**SIGNIFICANCE**

Infant Mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. Delaware is ranked 5th highest in infant mortality nationwide.



SP # 12

**PERFORMANCE MEASURE:**

The rate of live births at 32 to 36 weeks of gestation(preterm birth).

**STATUS:**

Active

**GOAL**

Reduce the rate of live births at 32 to 26 weeks of gestation to 96 per 1,000.

**DEFINITION**

The rate of live births at gestational ages of 32 to 36 weeks during the year per 1,000 live births.

**Numerator:**

The number of live births at gestational ages of 32 to 36 weeks during the year.

**Denominator:**

The number of live births during the year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-11b. Reduce preterm births.

Approximately two-thirds of LBW infants and 98 percent of VLBW infants are born preterm. In addition, preterm birth is the leading cause of those neonatal deaths not associated with birth defects (Healthy People 2010).

**DATA SOURCES AND DATA ISSUES**

Delaware Vital Statistics Birth Records.

**SIGNIFICANCE**

Short gestation is one of the primary causes of infant mortality. Four conditions (birth defects, conditions related to short gestation/low birth weight, SIDS and respiratory distress syndrome) account for more than half of all infant deaths nationwide.

SP # 13

**PERFORMANCE MEASURE:**

The rate of low birth weight and very low birth weight deliveries.

**STATUS:**

Active

**GOAL**

Reduce the rate of infants born at less than 2,500 grams to 5.9 per 1,000 live births.

**DEFINITION**

The rate of live births with a birth weight of less than 2,500 grams per 1,000 live births.

**Numerator:**

The number of live births with a birth weight of less than 2,500 grams.

**Denominator:**

The number of live births.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW).  
LBW is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate (Healthy People 2010).

**DATA SOURCES AND DATA ISSUES**

Delaware Vital Statistics Birth Records

**SIGNIFICANCE**

LBW/VLBW is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate.

SP # 14

**PERFORMANCE MEASURE:**

The percent of children and adolescents who are overweight or obese.

**STATUS:**

Active

**GOAL**

Reduce the number of children that are overweight or obese to 5 percent.

**DEFINITION**

The percent of children aged 6 to 19 years that are overweight or obese.

**Numerator:**

The number of children aged 6 to 19 years that are overweight or obese.

**Denominator:**

The number of children aged 6 to 19 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3. Reduce the proportion of children and adolescents who are obese or overweight.

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy (Healthy People 2010).

**DATA SOURCES AND DATA ISSUES**

Delaware Youth Risk Behavior Survey.

**SIGNIFICANCE**

Obesity and overweight are at epidemic proportions nationwide. In Delaware, over a third of children are overweight. This increases health risks, including risk for chronic health conditions.

SP # 15

**PERFORMANCE MEASURE:**

The percent of women of childbearing age (15-44) who are obese (BMI 30 or higher).

**STATUS:**

Active

**GOAL**

Reduce the percent of women aged 15 to 44 years that are obese to 15%.

**DEFINITION**

The percent of women aged 15 to 44 that have a Body Mass Index of 30 or higher.

**Numerator:**

The number of women aged 15 to 44 years with a BMI equal to or greater than 30.

**Denominator:**

The number of women aged 15 to 44 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-2. Reduce the proportion of adults who are obese.

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy.

**DATA SOURCES AND DATA ISSUES**

Delaware Behavioral Risk Factor Surveillance.

**SIGNIFICANCE**

Obesity among women of childbearing age increases the overall risk of mortality for women and increases the risk for complications of pregnancy including hypertension and gestational diabetes.

SP # 16

**PERFORMANCE MEASURE:**

The mortality rate among children and youth (0-21 years) due to unintentional injuries.

**STATUS:**

Active

**GOAL**

Reduce the mortality rate due to unintentional injuries among children and youth age 0-21 years to 17.5 per 100,000.

**DEFINITION**

The rate of deaths to children aged 0-21 due to unintentional injuries per 100,000 children aged 0-21 years.

**Numerator:**

The number of deaths to children aged 0-21 years due to unintentional injuries.

**Denominator:**

The number of children age 0-21 years.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

15-13. Reduce deaths caused by unintentional injury.

Injuries are a leading cause of death among children and youth nationwide and in Delaware.

**DATA SOURCES AND DATA ISSUES**

Delaware Vital Statistics data.

**SIGNIFICANCE**

Injuries are a leading cause of death among children and youth nationwide and in Delaware.

SP # 17

**PERFORMANCE MEASURE:**

The percent of Delaware public high school students who currently smoke.

**STATUS:**

Active

**GOAL**

Reduce the percent of high school student who currently smoke to 10%.

**DEFINITION**

The percent of high school students (grades 9-12) that report smoking tobacco in the past 30 days.

**Numerator:**

The number of students in grades 9-12 that report smoking in the past 30 days.

**Denominator:**

The number of students in grades 9-12.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

27-2. Reduce tobacco use among adolescents.

Because tobacco use is linked with numerous adverse health outcomes, reducing tobacco use will reduce illness, disability, and death across a spectrum of conditions, including heart disease, cancer, and chronic lung disease (Healthy People 2010).

**DATA SOURCES AND DATA ISSUES**

Delaware Youth Risk Behavior Survey.

**SIGNIFICANCE**

There are approximately 430,000 tobacco related deaths each year nationwide. Since tobacco addiction usually begins in adolescence, the best way to reduce tobacco use is to prevent youth initiation of tobacco use.

**PERFORMANCE MEASURE:**

The percent of benchmark measures completed for implementation of a formal umbrella structure for organizations serving families with children with special health care needs in Delaware.

**STATUS:**

Active

**GOAL**

To increase the effectiveness and efficiency of organizations that serve families of children with special health care needs throughout Delaware.

**DEFINITION**

The percentage of performance benchmarks the Title V/CSHCN program has reached toward implementation of an overarching structure that supports organizations that serve families with CSHCN. Benchmarks: 1) complete key informant interviews and needs assessment of CSHCN organizations; 2) develop and issue a Request for Proposals for an "umbrella" organization in Delaware; 3) implement a contract with successful bidder; 4) formalize the structure and governance of the "umbrella" organization (executive board, advisory board, strategic plan, policies/procedures, etc.); 5) complete an implementation evaluation and long term business plan, including identification of funding streams.

**Numerator:**

Number of benchmarks Delaware has completed in implementing the CSHCN "umbrella" organization.

**Denominator:**

Total number of benchmarks (5)

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None.

This performance measure is not directly related to a Healthy People 2010 Objective.

**DATA SOURCES AND DATA ISSUES**

Title V/CSHCN program data.

**SIGNIFICANCE**

Fragmentation of efforts with regard to services for families with children with special health care needs results in inefficient and less than optimal use of available resources. Under a shared structure, organizations that serve families of CSHCN will be able to collaborate and access resources for 1) information and referral; 2) development of organizational capacity; 3) training of parents and professionals; 4) funding; and 5) advocacy.

SP # 19

**PERFORMANCE MEASURE:**

The percentage of children aged 4 months to 5 years with no or low risk for developmental, behavioral or social delays.

**STATUS:**

Active

**GOAL**

Increase the percentage of children with low/no risk of developmental, behavioral or social delays.

**DEFINITION**

The basic logic for scoring the PEDS© is that for specific ages there are age-specific parental concerns that are "predictive" of a child's risk for delays. The more concerns a parent has to items that are "predictive" of a child's risk, the more at risk the child is for delays. - Children whose parents' report concerns to 2 or more items predictive of delays, are identified as at "high risk". - Children whose parents' have concerns to one item that is predictive of a delay are identified as at "moderate risk". - Children whose parents have concerns, but those concerns are not predictive of delays are identified at "low risk". - Lastly, children whose parents have no concerns to any of the eight items asked, are identified as "no risk". (NSCH, 2007).

**Numerator:**

Number of Children with no or low-risk for developmental, behavioral or social delay.

**Denominator:**

Number of Children aged 4 months through 5 years.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None.

This objective is not directly related to a Healthy People 2010 Objective.

**DATA SOURCES AND DATA ISSUES**

NSCH, PEDS results, State Surveys.

**SIGNIFICANCE**

Developmental, behavioral and social delays adversely affect an optimal health trajectory for children throughout their life.



**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: DE**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	69.1	69.1	69.1	69.1	69.1
Numerator	378	378	378	378	378
Denominator	54,668	54,668	54,668	54,668	54,668

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data were not available at time of submission. We anticipate more recent data will be available over the next year.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

At the time of submitting the 2009 MCH Block Grant application, the latest available hospital discharge data is 2004.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	74.6	88.1	88.1	100.0	100.0
Numerator	4,370	5,421	5,421	6,666	6,666
Denominator	5,857	6,154	6,154	6,666	6,666

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time. Data are based on CMS Annual EPSDT Participation Report, 2007.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

CMS Annual EPSDT Participation Report, 2007

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	NaN				
Numerator	0	0	0	0	0
Denominator	0				

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
All infants are eligible for Medicaid and therefore do not get SCHIP
- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
All infants are eligible for Medicaid and therefore do not get SCHIP
- Section Number:** Form17\_Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
All infants are eligible for Medicaid and therefore do not get SCHIP

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>80.6</u>	<u>80.6</u>	<u>71.3</u>	<u>71.3</u>	<u>71.3</u>
<b>Numerator</b>	<u>9,150</u>	<u>9,150</u>	<u>8,450</u>	<u>8,450</u>	<u>8,450</u>
<b>Denominator</b>	<u>11,358</u>	<u>11,358</u>	<u>11,857</u>	<u>11,857</u>	<u>11,857</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available at this time.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Vital Statistics

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<u>Annual Indicator Data</u>		
			2006	2007	2008
Annual Indicator	94.8	94.8	93.8	94.2	94.2
Numerator	78,004	78,004	81,133	89,704	89,704
Denominator	82,292	82,292	86,503	95,253	95,253

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	41.1	42.8	45.4	33.4	33.4
Numerator	6,107	6,743	7,472	5,684	5,684
Denominator	14,870	15,756	16,474	16,996	16,996

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

CMS Annual EPSDT Participation Report, 2007

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

CMS Annual EPSDT Participation Report, 2006.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<b>Numerator</b>	<u>3,756</u>	<u>3,334</u>	<u>3,334</u>	<u>2,927</u>	<u>2,942</u>
<b>Denominator</b>	<u>3,756</u>	<u>3,334</u>	<u>3,334</u>	<u>2,927</u>	<u>2,942</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

None



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: DE**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2006	Payment source from birth certificate	<u>10.7</u>	<u>8.3</u>	<u>9.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Payment source from birth certificate	<u>9.8</u>	<u>8.3</u>	<u>8.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Payment source from birth certificate	<u>61.9</u>	<u>83.3</u>	<u>73.9</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Payment source from birth certificate	<u>61.1</u>	<u>79.1</u>	<u>71.2</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: DE**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 5 ) (Age range <u>    </u> 6 to <u>    </u> 19 ) (Age range <u>    </u> to <u>    </u> )	2008	133 100
c) <i>Pregnant Women</i>	2007	200

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: DE**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	_____
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 19 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	200 _____ _____
c) <i>Pregnant Women</i>	2008	_____

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Infants are Medicaid eligible.
2. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Pregnant women are Medicaid eligible.
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Need to explain discrepancy between HSCI 04 and this form (5d).

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: DE**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: DE**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form19\_Indicator 09A  
**Field Name:** BAD  
**Row Name:** Annual linkage of infant birth and infant death certificates  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
A linked birth certificate and death certificate file can be made available to the MCH Program upon request and justification of its use. The data, however, is subject to a lag time in its availability. The latest data available, for example, at the time of preparing this application is from the 2006 calendar year.
- 2. Section Number:** Form19\_Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The State WIC program has stringent restrictions on the release of its data. In general, WIC does not release identifiable data for the purposes of linking to other data sources. With strong justification and a narrow focus, WIC staff may agree to provide a linked data file that is stripped of all identifiers.
- 3. Section Number:** Form19\_Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth certificates and newborn screening files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Some birth certificate data fields are routinely linked to the Newborn Screening data for the purposes of ensuring all infants receive bloodspot screening.
- 4. Section Number:** Form19\_Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Hospital discharge data can be made available for linking to other sources of data with justification. However, the most recent data that are available for analysis are from the 2005 calendar year.
- 5. Section Number:** Form19\_Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Delaware is implementing an active surveillance system for birth defects. This data will be available through a module in the Newborn Screening data system.
- 6. Section Number:** Form19\_Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Delaware's PRAMS program is closely tied into the MCH program and Infant Mortality Elimination initiative.
- 7. Section Number:** Form19\_Indicator 09A  
**Field Name:** BAM  
**Row Name:** Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Several MCH staff members have access to Medicaid Claims data, however these same staff do not have access to current birth records. Birth records could be made available for the purposes of linking these two data sources with appropriate justification and within the limitations of the birth records (2006 is the most recent period for which the birth records data are available).

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: DE**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>9.0</u>	<u>9.0</u>	<u>9.3</u>	<u>9.3</u>	<u>9.3</u>
<b>Numerator</b>	<u>1,024</u>	<u>1,024</u>	<u>1,112</u>	<u>1,112</u>	<u>1,112</u>
<b>Denominator</b>	<u>11,358</u>	<u>11,358</u>	<u>11,898</u>	<u>11,898</u>	<u>11,898</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time.

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>9.0</u>	<u>9.0</u>	<u>7.3</u>	<u>7.3</u>	<u>7.3</u>
<b>Numerator</b>	<u>1,024</u>	<u>1,024</u>	<u>833</u>	<u>833</u>	<u>833</u>
<b>Denominator</b>	<u>11,358</u>	<u>11,358</u>	<u>11,452</u>	<u>11,452</u>	<u>11,452</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available.

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Provisional data is the 2004 actual births 2500 grams or less. 2006 data are not available at this time.



**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.6</u>	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>
<b>Numerator</b>	<u>182</u>	<u>182</u>	<u>237</u>	<u>237</u>	<u>237</u>
<b>Denominator</b>	<u>11,358</u>	<u>11,358</u>	<u>11,898</u>	<u>11,898</u>	<u>11,898</u>
<b>Check this box if you cannot report the numerator because</b>					
<b>1. There are fewer than 5 events over the last year, and</b>					
<b>2. The average number of events over the last 3 years is fewer</b>					
<b>than 5 and therefore a 3-year moving average cannot be</b>					
<b>applied.</b>					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.6</u>	<u>1.5</u>	<u>1.5</u>	<u>1.5</u>
<b>Numerator</b>	<u>182</u>	<u>182</u>	<u>175</u>	<u>175</u>	<u>175</u>
<b>Denominator</b>	<u>11,358</u>	<u>11,358</u>	<u>11,452</u>	<u>11,452</u>	<u>11,452</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are not available.

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Provisional data is the 2004 actual births 2500 grams or less. 2006 data are not available at this time.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
Annual Indicator	8.0	8.0	8.0	8.0	8.0
Numerator	66	66	11	11	11
Denominator	826,523	826,523	137,313	137,313	137,313

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 Data are provisional and based on 2006 data.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Vital Statistics (This is a one year rate. Prior to this year rate was reported as a five year average rate).

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	3.1	3.1	3.6	3.6	3.6
Numerator	26	26	5	5	5
Denominator	826,279	826,279	137,313	137,313	137,313

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available at this time.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available at this time.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Vital Statistics

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	33.5	33.5	25.7	25.7	25.7
Numerator	38	38	21	21	21
Denominator	113,580	113,580	81,711	81,711	81,711

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
2008 data are not available at this time.
- Section Number:** Form20\_Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
2007 data are not available.
- Section Number:** Form20\_Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
2006 Vital Statistics, Motor Vehicle Deaths to 15-21 year olds.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>
<b>Numerator</b>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
<b>Denominator</b>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. Reported rate is from 2005 Hospital Discharge data.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available. Reported rate is from 2005 Hospital Discharge data.

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Data Not Available. Reported rate is from 2005 Hospital Discharge data.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>	<u>9.0</u>
<b>Numerator</b>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
<b>Denominator</b>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>	<u>166,977</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. Reported rate is from 2005 Hospital Discharge data.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available. Reported rate is from 2005 Hospital Discharge data.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data are not available. Reported rate is from 2005 Hospital Discharge data.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>200.7</u>	<u>200.7</u>	<u>200.7</u>	<u>200.7</u>	<u>200.7</u>
<b>Numerator</b>	<u>228</u>	<u>228</u>	<u>228</u>	<u>228</u>	<u>228</u>
<b>Denominator</b>	<u>113,580</u>	<u>113,580</u>	<u>113,580</u>	<u>113,580</u>	<u>113,580</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 data are not available. Reported rate is from 2005 Hospital Discharge data.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 data are not available. Reported rate is from 2005 Hospital Discharge data.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data are not available. Reported rate is from 2005 Hospital Discharge data.



**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	33.9	36.8	37.8	34.0	36.6
Numerator	962	1,064	1,099	1,000	1,074
Denominator	28,369	28,935	29,054	29,397	29,377

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Delaware STD Program

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>7.7</u>	<u>9.3</u>	<u>10.1</u>	<u>10.3</u>	<u>11.4</u>
<b>Numerator</b>	<u>1,119</u>	<u>1,351</u>	<u>1,469</u>	<u>1,499</u>	<u>1,655</u>
<b>Denominator</b>	<u>146,241</u>	<u>145,668</u>	<u>145,906</u>	<u>145,178</u>	<u>145,164</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

HIV/STD/HCV Program

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
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**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? Yes    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	11,690	8,230	3,040	0	0	0	0	420
Children 1 through 4	46,840	33,010	12,150	0	0	0	0	1,680
Children 5 through 9	56,290	38,660	15,010	0	0	0	0	2,620
Children 10 through 14	56,790	37,230	16,450	0	0	0	0	3,110
Children 15 through 19	58,830	41,080	14,970	0	0	0	0	2,780
Children 20 through 24	57,460	40,090	14,930	0	0	0	0	2,440
Children 0 through 24	287,900	198,300	76,550	0	0	0	0	13,050

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	10,850	840	0
Children 1 through 4	43,520	3,320	0
Children 5 through 9	52,130	4,160	0
Children 10 through 14	52,630	4,160	0
Children 15 through 19	54,670	4,160	0
Children 20 through 24	54,640	2,820	0
Children 0 through 24	268,440	19,460	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**STATE: DE**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2006    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	25	12	12	0	0	0	0	1
Women 15 through 17	386	206	173	1	1	0	0	5
Women 18 through 19	870	519	338	3	2	1	0	7
Women 20 through 34	8,981	6,340	2,179	32	381	6	0	43
Women 35 or older	1,636	1,205	320	4	95	2	0	10
Women of all ages	11,898	8,282	3,022	40	479	9	0	66

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	14	10	1
Women 15 through 17	300	85	1
Women 18 through 19	680	185	5
Women 20 through 34	7,522	1,433	26
Women 35 or older	1,482	153	1
Women of all ages	9,998	1,866	34

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	99	50	44	0	0	3	0	2
Children 1 through 4	9	4	5	0	0	0	0	0
Children 5 through 9	11	9	2	0	0	0	0	0
Children 10 through 14	0	0	0	0	0	0	0	0
Children 15 through 19	92	60	31	0	0	1	0	0
Children 20 through 24	0	0	0	0	0	0	0	0
Children 0 through 24	211	123	82	0	0	4	0	2

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	87	12	0
Children 1 through 4	7	2	0
Children 5 through 9	10	1	0
Children 10 through 14	0	0	0
Children 15 through 19	80	12	0
Children 20 through 24	0	0	0
Children 0 through 24	184	27	0

**FORM 21**  
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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	229,849	158,125	61,110	0	0	0	0	10,614	2008
Percent in household headed by single parent	33.0	19.9	57.5	33.0	33.0	33.0	0.0	33.0	2007
Percent in TANF (Grant) families	2.9	2.9	2.9	0.0	0.0	0.0	0.0	2.9	2007
Number enrolled in Medicaid	95,253	64,772	19,050	0	0	0	0	11,431	2007
Number enrolled in SCHIP	5,069	3,244	1,014	0	0	0	0	811	2007
Number living in foster home care	959	565	353	41	0	0	0	0	2007
Number enrolled in food stamp program	94,995	47,961	45,332	1,702	0	0	0	0	2007
Number enrolled in WIC	39,218	19,609	14,094	5,311	0	204	0	0	2008
Rate (per 100,000) of juvenile crime arrests	2,711.0	0.0	0.0	0.0	0.0	0.0	0.0	2,711.0	2005
Percentage of high school drop-outs (grade 9 through 12)	5.4	4.3	7.0	5.4	5.4	5.4	5.4	0.0	2007

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	208,331	22,771	0	2007
Percent in household headed by single parent	33.0	33.0	0.0	2007
Percent in TANF (Grant) families	2.9	2.9	0.0	2006
Number enrolled in Medicaid	90,490	4,763	0	2007
Number enrolled in SCHIP	4,816	253	0	2006
Number living in foster home care	928	81	0	2007
Number enrolled in food stamp program	43,896	3,815	0	2007
Number enrolled in WIC	18,792	817	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	2,711.0	2005
Percentage of high school drop-outs (grade 9 through 12)	7.5	5.4	0.0	2007

**FORM 21**  
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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? Yes    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	72,363
Living in rural areas	156,189
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>228,552</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	863,900.0
Percent Below: 50% of poverty	7.5
100% of poverty	10.0
200% of poverty	27.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	231,200.0
Percent Below: 50% of poverty	0.0
100% of poverty	13.0
200% of poverty	20.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This total is for Children 5-14.
2. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This total is for Children 15-24.
3. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This total is for children 5-14.
4. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
This total is for Children 15-24.
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
2008 Delaware Population Projections. These estimates only break population down by Black, White or Other.
6. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Center for Applied Demography and Survey Research. Percent in household headed by single parent not reported by race.
7. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Kaiser Family Foundation, (statehealthfacts.org).
8. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Children 1-17 from the National Center for Children in Poverty.  
[http://nccp.org/profiles/DE\\_profile\\_7.html](http://nccp.org/profiles/DE_profile_7.html)
9. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The percent of children at or below 50% of federal poverty level is not known.